



**CITY OF RIVERSIDE  
2013 RETIREE  
HEALTH, VISION and DENTAL**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
<b>Kaiser Permanente PREFERRED RETIREE Under 65</b>				
Single	\$496.08	\$6.64	\$502.72	\$512.77
2-Party	\$1,002.10	\$9.50	\$1,011.60	\$1,031.83
Family	\$1,339.42	\$17.00	\$1,356.42	\$1,383.55
<b>Kaiser Permanente STANDARD RETIREE Under 65</b>				
Single	\$449.80	\$6.64	\$456.44	\$465.57
2-Party	\$908.60	\$9.50	\$918.10	\$936.46
Family	\$1,214.46	\$17.00	\$1,231.46	\$1,256.09
<b>Kaiser Permanente VALUE RETIREE Under 65</b>				
Single	\$426.28	\$6.64	\$432.92	\$441.58
2-Party	\$861.06	\$9.50	\$870.56	\$887.97
Family	\$1,150.94	\$17.00	\$1,167.94	\$1,191.30
<b>Kaiser Permanente PREFERRED 65+ RETIREE</b>				
Subscriber (M)**	\$181.54	\$6.64	\$188.18	\$191.94
Subscriber (M) + Spouse (M)	\$363.12	\$9.50	\$372.62	\$380.07
Subscriber (M) + Spouse (NM<65)**	\$687.56	\$9.50	\$697.06	\$711.00
Subscriber (M) + Spouse (NM >65)	\$1,348.44	\$9.50	\$1,357.94	\$1,385.10
Subscriber (NM<65) + Spouse (M)	\$677.66	\$9.50	\$687.16	\$700.90
Subscriber (M) + Spouse (M) + Child (NM)	\$700.44	\$17.00	\$717.44	\$731.79
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,024.88	\$17.00	\$1,041.88	\$1,062.72
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,014.98	\$17.00	\$1,031.98	\$1,052.62
Subscriber (NM<65) + Spouse (NM+65)	\$1,662.98	\$9.50	\$1,672.48	\$1,705.93
Subscriber (NM +65)	\$1,166.90	\$6.64	\$1,173.54	\$1,197.01
Subscriber (NM+65) + Spouse (NM+65)	\$2,333.80	\$9.50	\$2,343.30	\$2,390.17
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,671.12	\$17.00	\$2,688.12	\$2,741.88
Subscriber (Part A Only +65)	\$853.88	\$6.64	\$860.52	\$877.73
<b>Kaiser Permanente STANDARD 65+ RETIREE</b>				
Subscriber (M)	\$180.92	\$6.64	\$187.56	\$191.31
Subscriber (M) + Spouse (M)	\$361.88	\$9.50	\$371.38	\$378.81
Subscriber (M) + Spouse (NM<65)	\$639.72	\$9.50	\$649.22	\$662.20
Subscriber (M) + Spouse (NM >65)	\$1,315.24	\$9.50	\$1,324.74	\$1,351.23
Subscriber (NM<65) + Spouse (M)	\$630.76	\$9.50	\$640.26	\$653.07
Subscriber (M) + Spouse (M) + Child (NM)	\$667.74	\$17.00	\$684.74	\$698.43
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$945.58	\$17.00	\$962.58	\$981.83
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$936.62	\$17.00	\$953.62	\$972.69
Subscriber (NM<65) + Spouse (NM+65)	\$1,584.12	\$9.50	\$1,593.62	\$1,625.49
Subscriber (NM +65)	\$1,134.32	\$6.64	\$1,140.96	\$1,163.78
Subscriber (NM+65) + Spouse (NM+65)	\$2,268.64	\$9.50	\$2,278.14	\$2,323.70
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,574.50	\$17.00	\$2,591.50	\$2,643.33
Subscriber (Part A Only +65)	\$821.30	\$6.64	\$827.94	\$844.50

\*Includes Administrative Fee

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<b>Kaiser Permanente VALUE 65+ RETIREE</b>				
Subscriber (M)**	\$147.14	\$6.64	\$153.78	\$156.86
Subscriber (M) + Spouse (M)	\$294.28	\$9.50	\$303.78	\$309.86
Subscriber (M) + Spouse (NM<65)**	\$581.92	\$9.50	\$591.42	\$603.25
Subscriber (M) + Spouse (NM >65)	\$1,250.12	\$9.50	\$1,259.62	\$1,284.81
Subscriber (NM<65) + Spouse (M)	\$573.42	\$9.50	\$582.92	\$594.58
Subscriber (M) + Spouse (M) + Child (NM)	\$584.16	\$17.00	\$601.16	\$613.18
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$871.80	\$17.00	\$888.80	\$906.58
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$863.30	\$17.00	\$880.30	\$897.91
Subscriber (NM<65) + Spouse (NM+65)	\$1,529.26	\$9.50	\$1,538.76	\$1,569.54
Subscriber (NM+65)	\$1,102.98	\$6.64	\$1,109.62	\$1,131.81
Subscriber (NM+65) + Spouse (NM+65)	\$2,205.96	\$9.50	\$2,215.46	\$2,259.77
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,495.84	\$17.00	\$2,512.84	\$2,563.10
Subscriber (Part A Only +65)	\$789.98	\$6.64	\$796.62	\$812.55
<b>Blue Cross HMO PREFERRED RETIREE Under 65</b>				
Single	\$478.88	\$6.64	\$485.52	\$495.23
2-Party	\$969.30	\$9.50	\$978.80	\$998.38
Family	\$1,338.76	\$17.00	\$1,355.76	\$1,382.88
<b>Blue Cross HMO STANDARD RETIREE Under 65</b>				
Single	\$459.12	\$6.64	\$465.76	\$475.08
2-Party	\$929.30	\$9.50	\$938.80	\$957.58
Family	\$1,283.54	\$17.00	\$1,300.54	\$1,326.55
<b>Blue Cross HMO VALUE RETIREE Under 65</b>				
Single	\$403.26	\$6.64	\$409.90	\$418.10
2-Party	\$815.88	\$9.50	\$825.38	\$841.89
Family	\$1,126.42	\$17.00	\$1,143.42	\$1,166.29
<b>BC PPO RETIREE und 65, Blue Card RETIREE Under 65</b>				
Single	\$676.02	\$6.64	\$682.66	\$696.31
2-Party	\$1,352.06	\$9.50	\$1,361.56	\$1,388.79
Family	\$1,723.90	\$17.00	\$1,740.90	\$1,775.72
<b>Blue Cross HMO PREFERRED RETIREE with Medicare A&amp;B</b>				
Single	\$517.98	\$6.64	\$524.62	\$535.11
2-Party	\$1,048.34	\$9.50	\$1,057.84	\$1,079.00
Family	\$1,447.98	\$17.00	\$1,464.98	\$1,494.28
<b>Blue Cross HMO PREFERRED RETIREE without Medicare A&amp;B</b>				
Single	\$806.58	\$6.64	\$813.22	\$829.48
2-Party	\$1,632.38	\$9.50	\$1,641.88	\$1,674.72
Family	\$2,254.34	\$17.00	\$2,271.34	\$2,316.77
<b>Blue Cross HMO STANDARD RETIREE with Medicare A&amp;B</b>				
Single	\$496.56	\$6.64	\$503.20	\$513.26
2-Party	\$1,005.12	\$9.50	\$1,014.62	\$1,034.91
Family	\$1,386.84	\$17.00	\$1,403.84	\$1,431.92

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<b>Blue Cross HMO STANDARD RETIREE without Medicare A&amp;B</b>				
Single	\$755.14	\$6.64	\$761.78	\$777.02
2-Party	\$1,528.20	\$9.50	\$1,537.70	\$1,568.45
Family	\$2,110.44	\$17.00	\$2,127.44	\$2,169.99
<b>Blue Cross HMO VALUE RETIREE with Medicare A&amp;B</b>				
Single	\$434.32	\$6.64	\$440.96	\$449.78
2-Party	\$878.72	\$9.50	\$888.22	\$905.98
Family	\$1,213.22	\$17.00	\$1,230.22	\$1,254.82
<b>Blue Cross HMO VALUE RETIREE without Medicare A&amp;B</b>				
Single	\$700.00	\$6.64	\$706.64	\$720.77
2-Party	\$1,416.26	\$9.50	\$1,425.76	\$1,454.28
Family	\$1,955.44	\$17.00	\$1,972.44	\$2,011.89
<b>BC PPO RETIREE w/Med A&amp;B or Blue Card Out-of-State w/Med A&amp;B</b>				
Single	\$833.06	\$6.64	\$839.70	\$856.49
2-Party	\$1,666.12	\$9.50	\$1,675.62	\$1,709.13
Family	\$2,124.28	\$17.00	\$2,141.28	\$2,184.11
<b>BC PPO RET w/out Med A&amp;B or BlueCard Out-of-State w/out Med A&amp;B</b>				
Single	\$1,095.46	\$6.64	\$1,102.10	\$1,124.14
2-Party	\$2,190.98	\$9.50	\$2,200.48	\$2,244.49
Family	\$2,793.50	\$17.00	\$2,810.50	\$2,866.71
<b>Delta Dental DPO RETIREE</b>				
Single	\$65.82	N/A	\$65.82	\$67.14
2-Party	\$119.44	N/A	\$119.44	\$121.83
Family	\$168.18	N/A	\$168.18	\$171.54
<b>Delta Care Dental PMI/DHMO RETIREE</b>				
Single	\$19.42	N/A	\$19.42	\$19.81
2-Party	\$29.44	N/A	\$29.44	\$30.03
Family	\$43.81	N/A	\$43.81	\$44.69
<b>Local Advantage Dental Plan RETIREE</b>				
Single	\$65.82	N/A	\$65.82	\$67.14
2-Party	\$119.44	N/A	\$119.44	\$121.83
Family	\$168.18	N/A	\$168.18	\$171.54

**RATES ARE SUBJECT TO CHANGE.**

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